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| <b>Issue Classification</b><br> | <b>Application/Control No.</b><br>10581048 | <b>Applicant(s)/Patent Under Reexamination</b><br>MADSEN ET AL. |
|   | <b>Examiner</b><br>Kim M Lewis             | <b>Art Unit</b><br>3772   |

| ORIGINAL           |                                   |          |    |    |    | INTERNATIONAL CLASSIFICATION |   |   |   |                  |             |  |  |  |  |  |  |  |
|--------------------|-----------------------------------|----------|----|----|----|------------------------------|---|---|---|------------------|-------------|--|--|--|--|--|--|--|
| CLASS              |                                   | SUBCLASS |    |    |    | CLAIMED                      |   |   |   |                  | NON-CLAIMED |  |  |  |  |  |  |  |
| 602                |                                   | 57       |    |    |    | A                            | 6 | 1 | F | 13 / 00 (2006.0) |             |  |  |  |  |  |  |  |
| CROSS REFERENCE(S) |                                   |          |    |    |    |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
|                    |                                   |          |    |    |    |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
| CLASS              | SUBCLASS (ONE SUBCLASS PER BLOCK) |          |    |    |    |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
| 602                | 41                                | 42       | 52 | 54 | 58 |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
|                    |                                   |          |    |    |    |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
|                    |                                   |          |    |    |    |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
|                    |                                   |          |    |    |    |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
|                    |                                   |          |    |    |    |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
|                    |                                   |          |    |    |    |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
|                    |                                   |          |    |    |    |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
|                    |                                   |          |    |    |    |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
|                    |                                   |          |    |    |    |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
|                    |                                   |          |    |    |    |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
|                    |                                   |          |    |    |    |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
|                    |                                   |          |    |    |    |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
|                    |                                   |          |    |    |    |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
|                    |                                   |          |    |    |    |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
|                    |                                   |          |    |    |    |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
|                    |                                   |          |    |    |    |                              |   |   |   |                  |             |  |  |  |  |  |  |  |

| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant <input type="checkbox"/> CPA <input type="checkbox"/> T.D. <input type="checkbox"/> R.1.47 |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|---|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|
| Final   | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
| 1   | 1        | 17    | 17       |       |          |       |          |       |          |       |          |       |          |       |          |
| 2   | 2        | 18    | 18       |       |          |       |          |       |          |       |          |       |          |       |          |
| 3   | 3        | -     | 19       |       |          |       |          |       |          |       |          |       |          |       |          |
| 5   | 4        | -     | 20       |       |          |       |          |       |          |       |          |       |          |       |          |
| 6   | 5        | -     | 21       |       |          |       |          |       |          |       |          |       |          |       |          |
| 7   | 6        | 19    | 22       |       |          |       |          |       |          |       |          |       |          |       |          |
| 8   | 7        | 20    | 23       |       |          |       |          |       |          |       |          |       |          |       |          |
| 9   | 8        | -     | 24       |       |          |       |          |       |          |       |          |       |          |       |          |
| 10  | 9        | 9     | 25       |       |          |       |          |       |          |       |          |       |          |       |          |
| 11  | 10       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 10  | 11       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 5   | 10       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 13  | 13       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 14  | 14       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 15  | 15       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 16  | 16       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |

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|---|--------|-----------------------------|-------------------|
| NONE  |        | Total Claims Allowed:<br>20 |                   |
| (Assistant Examiner)                            | (Date) |                             |                   |
| /Kim M Lewis/<br>Primary Examiner.Art Unit 3772 | 8/9/10 | O.G. Print Claim(s)         | O.G. Print Figure |
| (Primary Examiner)                              | (Date) | 1 and 19                    | 1                 |